

Report of The Director of Adults and Health

Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 17th September 2019

Subject: Progress Report on Development of Local Care Partnerships

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- Local Care Partnerships is the term adopted in Leeds to describe a model of joined-up working with teams delivering ‘local care for local people’ ‘working in and for’ local communities.
- Leeds has 18 Local Care Partnerships, providing coverage across the City. They bring together health and care leaders from the local area to plan and deliver support services for the local population.
- Local Care Partnerships are a new initiative but based on previously established relationships in many areas. This means that different partnerships are at different stages of maturity.
- The ambition for Local Care Partnerships is to develop a broad partnership of local leaders that goes beyond providers of health and care services, enabling leaders to work together with local people to address the wider determinants of health.
- Population Health Management – a method of using local data to target interventions at people who would benefit most - is being used to test out how local solutions can be developed and delivered by Local Care Partnerships, with an initial focus on achieving the outcomes set for people living with frailty. Interventions are multi-disciplinary and include the Third Sector as a key delivery partner.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- Local Care Partnerships support the ambition stated in the Health and Wellbeing Strategy and set out in the Leeds Health and Care Plan, that by 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Partnerships set out to achieve this by understanding the needs of the local community and working with local people to ensure services are personalised and appropriate to meet local need.

3. Resource Implications

- A small team, funded from NHS transformation budgets, has been established to support the development of Local Care Partnerships.
- Local Care Partnerships seek to reduce duplication and make effective use of resources by planning services across providers and adopting a 'one team' approach to supporting local people.

Recommendations

- a) Scrutiny board note progress to date in establishing Local Care Partnerships.

1. Purpose of this report

- 1.1 The purpose of this report is to provide an update to Scrutiny Board on the development of Local Care Partnerships across Leeds.

2. Background information

- 2.1 An overview of the development of Local Care Partnerships was presented to Scrutiny in April 2019 as part of the Leeds Health and Care Plan update report. Section 3.6 of the Leeds Health and Care Plan report described the concept of Local Care Partnerships, their relationship with Primary Care Networks and links to a programme of work being rolled out across Leeds called Population Health Management. A summary of each of these is provided within this background information section to provide context for the update on Local Care Partnership development.
- 2.2 **Local Care Partnerships** is the term adopted in Leeds to describe a model of joined-up working with teams delivering 'local health, wellbeing and care for local people' 'working in and for' local communities. It builds on a history of joined up working between primary care, community healthcare services and Adult Social Care which resulted in the formation of Neighbourhood Teams.
- 2.3 Neighbourhood Teams seek to improve care delivery by bringing together providers of health and care services in an integrated team. Local Care Partnerships aspire to improve upon this model by:
- being inclusive of all ages
 - putting people at the heart of the Local Care Partnership – ensuring support and services are appropriate to the population by working with local people
 - promoting a culture which builds on the strengths of individuals and assets of locally communities
 - bringing together leaders from statutory health and care services with Third Sector and community groups, housing, employment, planners, elected representatives and local people to address wider determinants of health inequality
 - planning together how available resources can best be used to meet local need
- 2.4 **Primary Care Networks** sit as a key strand of the national NHS ten year plan. This describes a model of multidisciplinary integration. Primary Care Networks are described as expanded primary care teams based on neighbouring GP practices that work together with integrated community health services; typically covering 30-50,000 population.
- 2.5 These expanded community multidisciplinary locality-based teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals (AHPs) such as physiotherapists and social prescribing link workers, working in partnership with social care and the voluntary sector. The ambition is to deliver fully integrated community-based health care for the first time since the NHS was created.
- 2.6 In Leeds, we recognise the impact that delivering in this way would have on the way people access and experience care outside of hospital. We have been working with locality based networks of general practice for some time. Primary Care Networks

formalise the established collaborations between local GP practices across 19 geographical localities; together with work already being progressed to integrate community and primary care services. Primary Care Networks are central to the vision of Local Care Partnerships but do not replace them. Local Care Partnerships seek to actively engage as partners, services which do not deliver care services but are well placed to have a positive impact on the wellbeing of local people. In this way their remit expands beyond that of the Primary Care Network, taking a wider role in delivering the Leeds Health and Wellbeing strategy.

- 2.7 Whilst there are 19 Primary Care Networks and 18 Local Care Partnerships, in practice a number of Primary Care Networks meet together so that each is represented within a Local Care Partnership.
- 2.8 **Population Health Management** is described as “*a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for.*” It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience can be made; and then using available resources to plan, design and deliver proactive, person centred care solutions to achieve better outcomes for the defined population. Population Health Management focuses on the widest description of health and wellbeing - incorporating physical and mental outcomes and social determinants - and looks to reduce health inequalities across a population.
- 2.9 There are five overall aims of Population Health Management:
- Improve the health and well-being of each the population segments
 - Enhance experience of care and support
 - Reduce per capita cost of care and improve productivity
 - Increase the well-being and engagement of the workforce
 - Address health and care inequalities
- 2.10 In Leeds the Population Health Management approach is being tested within Local Care Partnerships on a ‘frailty’ cohort. Frailty was chosen as the City has a combined data set (drawing from a range of health and care providers) and model of good practice for working with this cohort. As reported in April 2019, four LCPs embarked upon this approach to test new ways of working. Population Health Management is one of the transformational changes in the NHS Long Term Plan and all Primary Care Networks need to develop their capabilities around this.

3. Main issues

- 3.1 Whilst the term Local Care Partnership is relatively new, the concept of developing multi-disciplinary leadership teams to address health and social care priorities has been in place in parts of Leeds for a number of years. When Leeds operated with three Clinical Commissioning Groups (CCGs), West Leeds CCG supported the development of Community Wellbeing Leadership teams. These brought together at a neighbourhood level NHS and Social Care managers with GPs, practice nurses and practice managers to form a ‘core’ leadership team. These local leaders were joined by 3rd sector, council managers from other directorates and elected representatives. At the same time GP practices within Harehills, Richmond Hill & Burmantofts and Chapeltown brought together a broad range of partners working in the Chapeltown Neighbourhood Team area to build relationships and foster a culture of one workforce with shared priorities.

3.2 These forerunners of Local Care Partnerships helped to strengthen local relationships, build understanding of one another's roles and start to tackle local problems together. They also highlighted some of the challenges of trying to work differently at a local level with multiple services each with their own priorities to deliver. A strategic approach to establishing local networks (Local Care Partnerships) ensures each partnership is supported to work collaboratively, that issues that cannot be resolved locally can be escalated, and that success can be shared widely so that Local Care Partnerships can learn from one another.

Developing the Local Care Partnership Model.

3.3 As reported in April 2019, a dedicated programme, funded by the Integrated Care System arrangements for West Yorkshire has been provided for two years (up until 31 January 2021) to accelerate the development of LCPs across Leeds. The programme is hosted by Leeds Community Healthcare NHS Trust on behalf of health and care partners across the city. Thea Stein, Chief Executive Officer of Leeds Community Healthcare NHS Trust, is the Senior Responsible Officer (SRO). A programme team drawn from 3rd sector, Leeds City Council and NHS organisations is now in place to support local development.

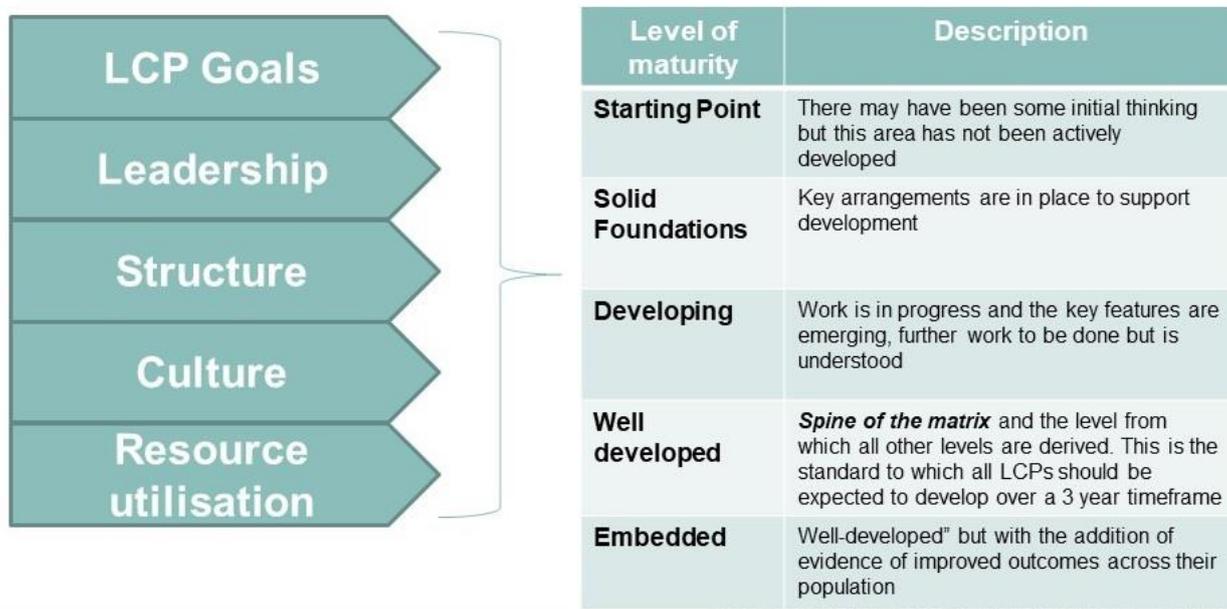
3.4 A programme board, Chaired by Thea Stein as SRO, provide programme governance. Through the SRO this board reports to the Leeds Health and Care Partnership Executive Group and the Leeds Health and Wellbeing Board.

3.5 In Year One of the programme the LCP Development team have been tasked with:

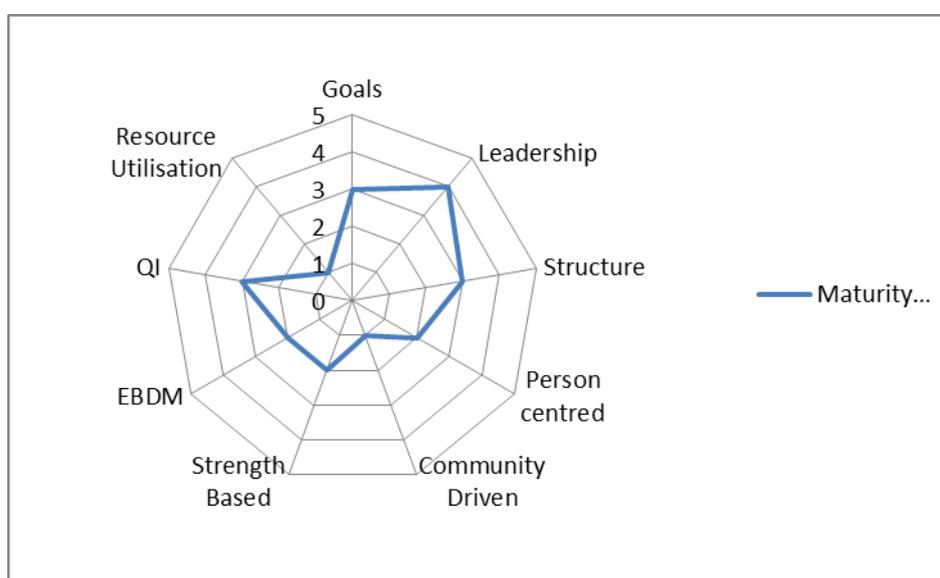
- Baselining the current position of each Local Care Partnership and identifying development support required.
- Supporting Local Care Partnerships to engage with Population Health Management, working with a cohort of local people living with frailty.
- Supporting each Local Care Partnership to progress a locally identified priority.

The Local Care Partnership Maturity Framework.

3.6 To support initial benchmarking discussions and to track progress of Local Care Partnerships a Maturity Framework has been developed.



- 3.7 The maturity framework consists of five key elements that together capture the aspects of an effective Local Care Partnership – goals, leadership, structure, culture and resource utilisation. Leadership describes the way in which local leaders interact and work together to define and deliver on shared goals. Structure describes the extent to which local and City wide services and community groups work effectively at a local level to deliver these goals. Culture is further divided into four aspects – community driven, a strengths based approach, evidence based decision making and a focus on making things better (quality improvement).
- 3.8 Each LCP is asked to rate their level of maturity for each area of the framework. The model is flexible and changes over time may not be linear. For example, a Local Care Partnership could have spent a lot of time building local relationships and a strong leadership team so may rate themselves as ‘well developed’ on this dimension but may have spent less time engaging with the local population so may rate themselves as having ‘solid foundations’ for Community Driven Culture. Below is an example summary from a Local Care Partnership.



- 3.9 Continuing with the example of the LCP which rated themselves as ‘well developed’ on leadership, a change of local leaders could mean that they would no longer rate themselves at this level as they need to regroup and establish new relationships. In practice the Local Care Partnerships are at very different stages of development to one another. Some have been meeting in one form or another for a number of years and others have yet to meet.
- 3.10 The maturity framework is designed to be a supportive tool that enables development which is responsive to the local context whilst ensuring an element of consistency of approach. It is currently being introduced to the Local Care Partnerships and the development team are employing a number of different methods to identify how to make it useful and practical to local teams in considering their development needs.

Population Health Management.

- 3.11 As mentioned in 2.9, one of the activities which all Local Care Partnerships are being asked to be part of this year is Population Health Management with a focus on people living with frailty.

- 3.12 Each Local Care Partnership followed an intensive 20 week programme to identify – from local population data – a cohort of individuals to work with that will have the biggest value and achieve the outcome of ‘what matters to people’. They then worked together to design an intervention to be tested. This programme brought together a group of individuals from NHS, local authority and 3rd sector organisations to form a team. The main aim of the programme was to provide local teams with a mechanism for using data specific to their local population to plan services and interventions that provide proactive support to achieve the agreed outcomes.
- 3.13 Four Local Care Partnerships embarked on this programme as part of wave one at the beginning of 2019. Three of these Local Care Partnerships (Seacroft, Woodsley and Pudsey) focused on what good care co-ordination would look like in a cohort of individuals with moderate levels of frailty. The fourth Local Care Partnership (LS25/26) focused on Advanced Care Planning in a cohort with severe levels of frailty. Interventions are currently underway so it is too early to know the impact of these initiatives for local people. Leeds is acting as a national exemplar for this work.
- 3.14 Initial benefits of participating in this programme have been identified for Local Care Partnerships. All participants reported that the programme brought them closer together as a local team and helped them understand one another’s roles. It also helped them to see the potential of working together as a Local Care Partnership across a range of agendas. Designing new approaches enabled multi-disciplinary teams to think differently about how they used collective resources and who might have appropriate skills. Being able to see how the local population compared to the Leeds average also tested assumptions made by health and care teams. This led to teams focusing on members of the local community that they may not otherwise have targeted through a frailty initiative. The second wave of Local Care Partnerships will be embarking on the Population Health Management programme in October with a focus on the more deprived areas of Leeds.

Identification of local priorities.

- 3.15 In addition to supporting Local Care Partnerships to engage in Population Health Management, the development team have been asked to support partnerships to work on a locally identified priority. The priority could be support to progress work on a local health or wellbeing priority or it could be something relating to the partnership, such as building a local leadership team.
- 3.16 A number of the Local Care Partnerships have been meeting for some time and have already identified health priorities that they want to focus on together. The development team are working with these partnerships to help them translate priorities into tangible goals that they can work on together.
- 3.17 Other partnerships have been focused on relationship building and understanding the assets that are in their local area. Some of these Local Care Partnerships are about to embark on the Population Health Management programme and are focused on whether their leadership teams have the right members and are organised in the appropriate way to support intensive project activity. The development team are supporting these partnerships to look at Governance and membership and try out a model that they believe will work for all partners.

Otley and Aire Valley Local Care Partnership: Focus on Dementia

The Otley and Aire Valley Local Care Partnership leadership team have identified dementia as a local priority. They have a number of medium to long term goals they are exploring around local dementia services but have also identified short term goals they can work on together to improve the experience of local people who are concerned that they have memory problems.

The Local Care Partnership are keen to reduce the stigma associated with a diagnosis of dementia. They want local people who have received a diagnosis of dementia to feel that this opens doors rather than leaves them feeling isolated and scared.

They are exploring how they can consistently link people to local social prescribing following a diagnosis of dementia. The social prescriber can work with them to understand their interests and make sure they are supported to access local groups and activities that are welcoming of people with memory problems.

The partnership are also looking at the role each member can play in encouraging people to seek early help and in making local areas dementia friendly. Having a consistent, one team approach means whoever an individual shares concerns with, they are more likely to be guided to the right support.

- 3.18 In addition to the activity outlined above there are a number of Leeds priorities that are being piloted in one or two Local Care Partnership areas. The Local Care Partnership leadership team in these areas provides a forum to discuss these initiatives and ensure that they are appropriately tailored to local need.

Community Cancer Support Project

A project offering nurse led community reviews has been developed within Otley and Aire Valley and Harehills, Burmantofts & Richmond Hill Local Care Partnerships. An initial pilot indicated that the model worked well to meet the needs of the Otley and Aire Valley Local Care Partnership but that take up and engagement was low in the Harehills, Burmantofts & Richmond Hill area.

The project is being rolled out in Otley and Aire Valley but additional consultation and engagement time has been built into the Harehills, Burmantofts and Richmond Hill Local Care Partnership site to ensure that when a model is embedded it is appropriate for local people.

Designing services with clear, consistent outcomes whilst allowing flexibilities within the delivery model to account for local need can be challenging. The approach taken within this project illustrates the potential for Local Care Partnerships to develop equitable services whilst taking account of local need.

Elected member involvement in LCPs.

- 3.19 Local elected member involvement is key to achieving the aspiration that Local Care Partnerships maintain a local focus on improving health and care which is based in local communities. Members' roles in Local Care Partnerships will develop as Local Care Partnerships mature but will include help in shaping and influencing local services to address local needs in addition to city priorities. It is envisaged that Members may use their wider links and influence to improve the wider determinants of health and wellbeing.
- 3.20 We would like members to play an active role in Local Care Partnerships as soon as possible. In June/July, we engaged with Community Committees on the Leeds Health and Care Plan with GP leaders from Local Care Partnerships. This was the perfect opportunity to continue to strengthen the relationship between Community Committees and Local Care Partnerships as part of an ongoing broader conversation about health and wellbeing within each of our localities. As part of this conversation Community Committees were asked to nominate representatives to engage with the Local Care Partnerships as Community and Local Engagement Appointments to an external body.
- 3.21 The geographies of Local Care Partnerships are based around GP registered lists and the newly formed Primary Care Networks. This means that each Community Committee will have a number of Local Care Partnerships that work with their residents. Work was undertaken to map LCPs to Community Committees and a detailed population analysis of local residents. In suggesting alignment of Committee Members with Local Care Partnerships the team considered where the majority of the residents from the Committee area were registered with a GP. For some Committees this meant the request was for appointments to be made to two Local Care Partnerships.

Planned Activity Around Local Care Partnership Development.

- 3.22 Recognising that each Local Care Partnership is unique, it is expected that partnerships will develop at different rates. Priority will be given to supporting Local Care Partnerships to establish regular meetings and develop governance structures that enable shared decision making at a local level.
- 3.23 As partnerships identify local goals the development team will support them in ensuring that goals are shaped into actions and that the right representatives are involved. Health and Care services are often organised into services for the adult population and services for children and young people. Local Care Partnerships offer an opportunity to work together on the wider determinants of health that impact on the whole family. To work effectively on a shared agenda people need time to establish relationships and understand one another's roles. Therefore another important strand of the work over coming months will be establishment of a shared culture.
- 3.24 It is also important that Local Care Partnerships deliver change, starting to do things differently together for the benefit of local people. Population Health Management provides a mechanism to enable this change. Early feedback from the wave one sites indicate that having a shared focus and shared activity to engage in can support the development of relationships and establishment of a shared culture. For this reason a key aspect of the planned activity over the coming six to nine months will be support to this programme.

4. Corporate considerations

4.1 Consultation and engagement

Engaging a broad range of partners.

- 4.1.1 There is a long history of working collaboratively together across health and care services in Leeds. The aspiration within Local Care Partnerships is to build a broader partnership encompassing partners that are not directly involved in care provision but have an important role to play in supporting the broader health and wellbeing of the local population. At the same time there is also a desire to ensure that local people are at the heart of planning for local services.
- 4.1.2 There is a lot of good practice that can be built upon to achieve this aspiration but it must also be recognised that some Local Care Partnerships are relatively new and need some time to establish relationships across health and care providers and to understand local priorities. Whether trying to engage new partners, or involving local residents, the Local Care Partnership needs a clear identity and a solid understanding of their role locally. There is a significant amount of work needed from all partners if we are to achieve this goal. However, there is also real enthusiasm to see this become a reality.

“We need to think bigger than protecting our own organisations and think what is best for citizens.” 3rd sector leader

“Local Care Partnerships is a way for us to work together to build better communities – that’s what we all want to achieve.” Housing Officer, Leeds City Council

“This is a massive opportunity to be at the heart of improving health inequalities.” 3rd sector worker

- 4.1.3 The Local Care Partnership development team are linking with Healthwatch and other organisations involved in citizen participation to make sure that Local Care Partnerships can take advantage of existing mechanisms for citizen engagement. They are also considering how to make effective use of communication to ensure that all Leeds residents understand what a Local Care Partnership is and how they can engage with their local partnership.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 As illustrated in 3.17, Local Care Partnerships offer an opportunity to be locally responsive and ensure that people are supported to manage their health and care needs in a way that is appropriate to them. An integrated approach to both planning and delivery of services offers the opportunity for a holistic response to need.

4.3 Council policies and the Best Council Plan

- 4.3.1 There has been a broader strategic context to this work. As a city we are aiming to be the best city for health and wellbeing – an ambition stated in our Health and Wellbeing Strategy and set out in the Leeds Health and Care Plan, that by 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

- 4.3.2 Specifically the Leeds Health and Wellbeing Strategy describes how people will receive the best care, at the right time, in the right place from high quality, integrated services that focus around local communities - reflecting the Primary Care Network model in the national Long Term Plan.
- 4.3.3 To truly deliver the ambition of reducing our city's health inequalities, it is recognised that a broader (than health and care services) perspective has to be considered; that wider determinants play a central role in maintaining individual and community health and wellbeing. Local Care Partnerships could be the mechanism which enables this to happen.

Climate Emergency

- 4.3.4 The city's senior health and care leaders have commissioned a piece of work to consider the question: what are Leeds health and care organisations doing (individually and collectively) to tackle the effects of climate change and respond to the climate emergency? The LCP development team have been involved in the initial cross-sector discussions and will ensure LCPs are supported to be part of the ongoing conversation as a local health and care system about our collective response to climate change.

4.4 Resources, procurement and value for money

- 4.4.1 Resource utilisation is one of the five elements of the LCP maturity framework with an aspiration that partner organisations plan together to remove duplication and identify appropriate resource to meet the needs of the local population.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This is a progress report for information. There are no legal implications, access to information or call-in requirements.

4.6 Risk management

- 4.6.1 To ensure that all Citizens of Leeds can benefit from LCPs a dedicated programme resource has been employed to support each LCP's development. A programme board has been established with partner representation from all sectors of the Health and Care economy to provide oversight and ensure timely progress. The LCP Programme governance structures are linked to the Health and Care Partnership Executive Group and the Health and Wellbeing Board.

5. Conclusions

- 5.1 Whilst Local Care Partnerships have been discussed for a while, they remain a new concept in parts of the City. In areas which have a history of partnership working some partnerships are well embedded. However, changes in key local leadership positions mean that others are now re-forming relationships and reviewing priorities. A small development team has been established to work with Local Care Partnerships, assessing the development needs of each and supporting them to take forward two key priorities in year one.
- 5.2 At the same time the Local Care Partnerships will be supported to broaden their membership so that they can deliver on priorities that benefit people of all ages and they can begin to address some of the wider determinants of health and wellbeing.

6. Recommendations

6.1 Scrutiny board are asked to note progress to date.

7. Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.